| PATENT APPLICATION FEE DETERMINATION RECORD  Effective November 10, 1998              |  |      |                                 |       |     |   |                  |        |                |                        |          |                     |                        |
|---|--|------|---------------------------------|-------|-----|---|------------------|--------|----------------|------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |      |                                 |       |     |   |                  |        | SMALL E        | NTTY                   | OR       | OTHER<br>SMALL      | THAN                   |
| FOR   |  |      | NUMBER FILED                    |       | T   | NUMBER EXTRA                              |                  | 1      | RATE           | FEE                    |          | RATE                | FEE                    |
| BA  | SIC FEE  |      |                                 |       |     |   |                  |        |                | 1                      | OR       |                     |                        |
| TOTAL CLAIMS  |  |      | 13 minus 20=                    |       |     | •   |                  |        |                |                        | OR       |                     |                        |
| INDEPENDENT CLAIMS  |  |      | minus 3 =                       |       |     | •   |                  |        |                | /                      |          |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |      |                                 |       |     |   |                  |        |                |                        | OR       |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |      |                                 |       |     |   |                  |        | <i>/</i> ·     |                        | OR       |                     |                        |
|   |  |      |                                 |       |     |   |                  |        | TOTAL          |                        | OR       | TOTAL               |                        |
| _   | ) C  | (Col |                                 |       |     | Column 2) (Column 3)                      |                  |        | SMALL          | ENTITY                 | OR       | OTHER<br>SMALL I    | ENTITY                 |
| AMENDMENT A   | 5/9/05   | REM  | AIMS<br>AINING<br>TER<br>IDMENT |       | PR  | VUMBER<br>VUMBER<br>VEVIOUSLY<br>VAID FOR | PRESENT<br>EXTRA |        | RATE           | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | • /  | 4                               | Minus | 44  | 20  | =                | П      | 25             |                        | OR       |                     |                        |
|   | Independent  | • .  | 4                               | Minus | *** |   | = /              |        | 100            | 100                    | OR       |                     |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |      |                                 |       |     |   |                  |        |                |                        | OR       |                     |                        |
|   |  |      |                                 |       |     |   |                  | ļ      | TOTAL          | 100                    |          | TOTAL               |                        |
| 10/31/05 (Column 1)   |  |      |                                 |       | (C  | column 2)                                 | (Column 3)       |        | ADDIT. FEE     | 100                    | Oii      | ADDIT. FEE          | <u></u>                |
| AMENDMENT B   | 777  | α    | AIMS<br>AINING                  |       |     | HIGHEST<br>NUMBER                         | PRESENT          | 1      |                | 'ADDI-                 | 1        |                     | ADDI-                  |
|   |  | A    | TER<br>IDMENT                   |       | PF  | REVIOUSLY<br>PAID-FOR                     | EXTRA            |        | RATE           | TIONAL                 |          | RATE                | TIONAL                 |
|   | Total  | • /  | 4.                              | Minus | 44  | 80  | -                |        |                |                        | OR       |                     | ٠.                     |
|   | Independent  | •    | 4                               | Minus | 444 | 30  |                  |        |                |                        |          |                     |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |      |                                 |       |     |   |                  |        |                |                        | OR       |                     |                        |
| •   |  |      |                                 |       |     |   |                  |        | TOTAL          |                        | OR       | TOTAL               |                        |
|   |  |      |                                 |       |     |   |                  |        | ADDIT. FEE     |                        | OR       | ADDIT. FEE          |                        |
| _   |  |      | umn 1)<br>AMS                   | 1     |     | Column 2)<br>HIGHEST                      | (Column 3)       | 1 ,    |                |                        |          |                     |                        |
| AMENDMENT C   | •  | REM  | AINING<br>TER<br>IDMENT         |       | PF  | NUMBER<br>REVIOUSLY<br>PAID FOR           | PRESENT<br>EXTRA |        | RATE           | ADDI-<br>TIONAL<br>FEE |          | PATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •    |                                 | Minus | **  |   | E .              |        |                |                        | OR       |                     |                        |
|   | Independent  | • "  |                                 | Minus | 441 |   | =                |        |                |                        |          | <b> </b>            |                        |
|   | FIRST PRESE  | 1    |                                 |       | OR  |   |                  |        |                |                        |          |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "o" in column 3. |  |      |                                 |       |     |   |                  |        |                |                        | OR<br>OR |                     |                        |
| *   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE |      |                                 |       |     |   |                  |        |                |                        |          | TOTAL<br>ADDIT: FEE |                        |
|   | The "Highest Nur   |      |                                 |       |     |   |                  | er fou | and in the app | propriate ba           | x in co  | lumn 1.             |                        |